

International Company Profile Questionnaire



We would be very grateful if you could complete the following questionnaire

International Company Profile	is requested for the follow	ing comp	pany by:
A 000 ANII 7 A TIONI			
A. ORGANIZATION Company Name:			
Address:	Country	Do	atal Cada:
City/Region:	Country:	POS	stal Code:
Company Web Site: Contact Person:		Title	a·
Contact Tel:			ntact Fax:
Contact Fen.		001	itact i ax.
Contact E maii.	Other Key Employ	rees	
Name	Title		Telephone no. and e-mail
	Current Owner	S	
Name of Owner:			
Ownership interest:			
Previous Owners:			
1. PREVIOUS OR OTHER C	OMDANV NAMES		
Company Name:	OWIPANT NAMES		
Address:			
City/Region:	Country:	Pos	stal Code:
City/itegion.	Country.	1 03	star Code.
Company Name:			
Address:			
City/Region:	Country:	Pos	stal Code:
		1	
2. NAME OF PARENT COM	IPANY		
Company Name:			
Address:			
City/Region:	Country:	Pos	stal Code:
3. NAME OF SUBSIDIARY	COMPANY		
Company Name:			
Address:			
City/Region:	Country:	Pos	stal Code:

4. NAME OF ASSOCIATE COMPANY				
Company Name:				
Address:				
City/Region:	Country:	Postal Code:		
- Chym logion	- Country	. 3344. 3343.		
5. NAME OF BRANCH OFFICE				
Company Name:				
Address:				
City/Region:	Country:	Postal Code:		
- injiring dam	1			
B. COMPANY INFORMATION				
Year Established:	Number of Employees:			
Company Activity: (select all that apply)				
☐ Manufacturer	Service Company			
Exclusive distributor	Franchiser			
Export Management Company		other (please specify):		
Sales Range:				
Affiliates:				
Import from:				
Export to:				
C. FOREIGN FIRMS REPRESENTED (Name and Addre	ss)		
Company Name:				
Contact Person and Title:				
Address:	T =			
City/Region:	Country:	Postal Code:		
Products/Services:				
Common Name				
Company Name:				
Contact Person and Title:				
Address:	Country	Postal Code:		
City/Region: Products/Services:	Country:	Postal Code.		
Products/Services.	-	-		
D. U.S. TRADE REFERENCES				
Company Name:				
Contact Person and Title:				
Address:				
City/Region:	Country:	Postal Code:		
Products/Services:	r country.	1 dotal dodd.		
Company Name:				
Contact Person and Title:				
Address:				
City/Region:	Country:	Postal Code:		
Products/Services:	,	•		

E. TRADE REFERENCES - Lo Company Name:	OCAL SUPPLIERS		
Address:			
City/Region:	Country:	Postal Code:	
Company Web Site:	Country.	i Ostai Oode.	_
Contact Person:		Title:	_
Contact Tel:		Contact Fax:	
Contact Fen.		Contact 1 ax.	
Contact E maii.			
Company Name:			
Address:			
City/Region:	Country:	Postal Code:	
Company Web Site:			
Contact Person:		Title:	
Contact Tel:		Contact Fax:	
Contact E-mail:			
F. TRADE REFERENCES - LO Company Name:	OCAL CUSTOMERS		
Address:	0 - 11	Destal Osda	
City/Region:	Country:	Postal Code:	
Company Web Site:		T-11	
Contact Person:		Title:	
Contact Tel:		Contact Fax:	
Contact E-mail:			
Company Name:			
Address:			
City/Region:	Country:	Postal Code:	
Company Web Site:			
Contact Person:		Title:	
Contact Tel:		Contact Fax:	
Contact E-mail:			
G. BANK REFERENCE			
Bank Name:			
Address:			
City/Region:	Country:	Postal Code:	
Company Web Site:	J	-	
Contact Person:		Title:	
Contact Tel:		Contact Fax:	
Contact E-mail:			
H. NAMES OF MEMBER ASS	OCIATIONS		

I. FINANCIAL DOCUMENTS Can your company provide us with a copy of your latest profit/loss statement, assets, liabilities and/or copy of latest annual report? Yes No No If no financial information can be made available, please state reason. THIS SECTION IS FOR COMPLETION BY A COMPANY WITH A MANUFACTURING FACILITY Name of Factory: Address: Joint Venture with: Date Production Started: Products Manufactured Site Area: Volume of Production Per Month Completed by: Date: